

# NEW YORK STATE HOW TO COMPLETE THE TEMPORARY ASSISTANCE (TA) – MEDICAL ASSISTANCE (MA) – FOOD STAMP BENEFITS (FS) – SERVICES – CHILD CARE ASSISTANCE APPLICATION

*Whenever you see “Temporary Assistance” or “TA” on the application, it means “Family Assistance” and “Safety Net Assistance”. We call both of these Public Assistance Programs “Temporary Assistance”. Social Services programs were created to give temporary help to those in need. Certain programs now have time limits on how long you can get help. It is important for you to achieve self-sufficiency as soon as you can. The local Department of Social Services is here to help you with your goal of self-sufficiency. In order to help you, we must know who you are and what you need. This is why you have been asked to fill out this Application. The things this application will tell us about you are:*

- Who you are
- Where you live
- How you have been living
- How we can help you

The directions and application are numbered by Section to help you. Disregard the printed numbers in the boxes that you will write in. You may write over these numbers when appropriate.

- PLEASE PRINT CLEARLY
- DO NOT PRINT IN THE SHADED AREAS
- BE SURE TO COMPLETE EACH SECTION
- IF YOU ARE APPLYING AS SOMEONE'S REPRESENTATIVE, PLEASE PRINT INFORMATION ABOUT THAT PERSON, NOT YOURSELF.

**WITHDRAWAL:** IF YOU WANT TO WITHDRAW YOUR APPLICATION, TALK TO YOUR ELIGIBILITY EXAMINER.

**In addition to the LDSS-2921: "Application", make sure you have been given copies of:**

- **LDSS-4148A:** "What You Should Know About Your Rights and Responsibilities"
- **LDSS-4148B:** "What You Should Know About Social Services Programs"
- **LDSS-4148C:** "What You Should Know If You Have An Emergency"

**NOTA:** La Solicitud y su publicación complementaria están disponibles en Español.

**PAGE 1 OF THE APPLICATION**

<b>1</b> <b><u>PROGRAMS:</u></b>	Check (✓) the box for EACH program that you want to apply for. Because of welfare reform, an application for Temporary Assistance is no longer automatically an application for Medical Assistance. <b>If you want to apply for both Temporary Assistance and Medical Assistance, check (✓) the "Temporary Assistance and Medical Assistance" box.</b>
<b>2</b> <b><u>DO YOU WANT TO RECEIVE NOTICES IN:</u></b>	Check (✓) the "Spanish and English" <b>or</b> "English Only" box.
<b>3</b> <b><u>APPLICANT INFORMATION</u></b>  <b>NAME:</b> <b>MARITAL STATUS:</b>  <b>PHONE NO:</b> <b>RESIDENCE ADDRESS:</b>  <b>MAILING ADDRESS:</b>  <b>HOW LONG HAVE YOU LIVED AT PRESENT ADDRESS:</b>  <b>ANOTHER PHONE:</b>  <b>DIRECTIONS TO HOME:</b>  <b>FORMER ADDRESS:</b>	PRINT your legal name including your first name, middle initial, and last name. PRINT whether you are <b>now</b> single, married, widowed, legally separated or divorced.  PRINT your home phone number. Include your area code. PRINT the street, avenue, road, etc., where you now live. <b>Apt No:</b> PRINT the number of your apartment. <b>City:</b> PRINT the city you live in. <b>County:</b> PRINT the county you live in. <b>State:</b> PRINT the state you live in. <b>Zip Code:</b> PRINT the zip code for your address.  If you get your mail somewhere other than where you live, PRINT that address in this space.  PRINT the number of years and/or months that you have lived where you are now living.  If you can be reached at someone else's phone, PRINT that person's name and telephone number. If you are working, PRINT your employer's name and telephone number.  PRINT directions on how to find your home. Use commonly known landmarks.  PRINT the address of where you lived before you moved to your present address.
<b>4</b> <b><u>DO ANY OF THESE APPLY TO YOU?</u></b>	Check (✓) EACH item you have.

**PAGES 2 AND 3 OF THE APPLICATION****HOUSEHOLD MEMBERS INFORMATION**

**LIST THE NAMES OF EVERYONE WHO LIVES WITH YOU, EVEN IF THEY ARE NOT APPLYING WITH YOU.** PRINT your full name first. Then PRINT the names of the other people who live with you:

- Check (✓) YES or NO to tell us who is applying.
- PRINT the date of birth and sex for **each** person who is applying.
- For each person who is applying, PRINT how they are related to you (For example: wife, son, friend, roomer, boarder, etc.).
- PRINT each person's Social Security Number **unless that person is:**
  - Not applying for assistance of any kind;
  - A pregnant woman who is applying **only** for Medical Assistance;
  - An undocumented alien who is applying **only** for Medical Assistance benefits as a result of an emergency medical condition.

**NOTE:** Services, such as foster care, child protective, child preventive, and counseling, are funded by a variety of funding sources, many of which require that a Social Security Number be provided. While applicants for Services are not required to provide a Social Security Number, some services may be unavailable to you if you do not furnish a Social Security Number. We are therefore requesting a Social Security Number of all applicants for Services, in order to help them get all the benefits for which they may qualify.

- Highest Grade Completed: Enter the highest school grade (1-12) completed for each person applying for assistance. If more than 12 years, enter 12. If no formal schooling, enter 0. If you are applying **only** for Medical Assistance or **only** for Services, you do not have to complete this section.
- It is important to check YES or NO to the question "Does this person (including your minor children) buy food and/or prepare meals with you?" for every person who lives with you. Sometimes, people who buy food and/or prepare meals separately may get more Food Stamp Benefits.
- Race/Ethnic Affiliation: You must fill out this section for each person applying for assistance. Enter **Yes** or **No** if your ethnicity is Hispanic or Latino, also enter the letter that best tells your race background. This information is required by the Federal government.

If you are applying for Medical Assistance only you may fill out this section if you want to. If you do not fill out this section, an interviewer in the agency may fill it out based on their observation.

**OTHER NAMES INFORMATION**

**PRINT** any maiden names, names from a previous marriage, or other names which any person listed above has used or now uses.

**PAGE 4 OF THE APPLICATION****CITIZENSHIP/ALIEN STATUS INFORMATION**

If you are applying for **Medical Assistance, Temporary Assistance or Food Stamp benefits**, you must complete this section unless you are:

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- Applying *only* for Medical Assistance and are pregnant; or
- An undocumented alien applying *only* for Medical Assistance benefits as a result of an emergency medical condition; or
- *Neither* a citizen or national of the United States nor an alien with satisfactory immigration status.

**NOTE:** If you are applying for **Services** and do not provide the information, it may not be possible to provide you with certain services. This depends upon the source of funds we use to pay for those services.

**CERTIFICATION OF CITIZENSHIP/ALIEN STATUS INFORMATION**

If you are applying for **Medical Assistance, Temporary Assistance or Food Stamp benefits**, you must complete and sign this written certification of citizenship or satisfactory immigration status unless you are:

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- Applying *only* for Medical Assistance and are pregnant; or
- An undocumented alien applying *only* for Medical Assistance benefits as a result of an emergency medical condition; or
- *Neither* a citizen or national of the United States *nor* an alien with satisfactory immigration status.

**NOTE:** If you are applying for **Services** and do not sign the Certification, it may not be possible to provide you with certain services. This depends upon the source of funds we use to pay for those services.

**NOTICE**

If you are not a citizen or national of the United States or not an alien with satisfactory immigration status, you should not sign this declaration. You are not eligible for any Temporary Assistance, Food Stamp or Medical Assistance benefits (unless it is for Medical Assistance and you are pregnant or applying for coverage for treatment of an emergency medical condition), and you may be ineligible for Services, if you cannot truthfully sign this certification.

We may confirm the immigration status of any or all household members applying for Temporary Assistance, Medical Assistance benefits, Food Stamp benefits or Services by submitting the information you give us to the Immigration and Naturalization Service (INS). Information received from the INS may affect your household's eligibility and level of benefits.

A signature and date of signing must be given for all persons applying for these benefits, except as noted above.

- Each member of the household who is 18 years of age or older and applying for these benefits must sign their own name;
- If an applying household member is under 18 (or is 18 or older but is unable to sign their own name due to a medical impairment or disability), a household member who is 18 or older must sign for them.

**NOTE: When signing for that individual, sign *your* name. For example, Mary Doe, when signing for infant Johnny Doe, *must* sign *Mary Doe*.**

- If no one in the household is 18 or older, the household member applying must sign their own name for everyone in the household.

If you do not understand the certification, or have any problems in completing this declaration, we will help you.

**WARNING! FALSELY CERTIFYING YOUR STATUS IS A CRIME**

**PAGE 5 OF THE APPLICATION**

**ABSENT PARENT/CHILD SUPPORT/MEDICAL SUPPORT INFORMATION**

**TEMPORARY ASSISTANCE, MEDICAL ASSISTANCE, QUALIFIED BENEFICIARY PROGRAM, CHILD CARE ASSISTANCE AND SERVICES APPLICANTS ONLY:**

Fill out this section if any of the following apply:

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1. You or anyone who lives with you is pregnant and the father of the unborn child lives someplace else.
2. You are applying for any person under 21 and this person's parent(s) lives outside of the household.
3. You are under 21 and your parent(s) do not live with you.

**NOTE: You do not need to fill out this section if you are applying only for Medical Assistance and you are pregnant, gave birth within the past two months, or are applying for children under 21 only.**

**ABSENT SPOUSE INFORMATION**

**TEMPORARY ASSISTANCE, MEDICAL ASSISTANCE, QUALIFIED BENEFICIARY PROGRAM, CHILD CARE ASSISTANCE AND SERVICES APPLICANTS ONLY:** If anyone who is applying is married and their husband or wife does *not* live with them, fill out this section as best you can. If you don't know where this person lives now, PRINT their last known address.

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**ABSENT CHILD INFORMATION**

- 11** **TEMPORARY ASSISTANCE, MEDICAL ASSISTANCE, QUALIFIED BENEFICIARY PROGRAM, CHILD CARE ASSISTANCE AND SERVICES APPLICANTS ONLY.** If anyone applying has a child under 18 living someplace else, please list the parent and child.

**TEEN PARENT INFORMATION**

- 12** Only applicants for Temporary Assistance must complete this section. If there are teen parents under the age of 18 in your household who are applying for assistance, list their names. If the child lives in the household, list the child's name.

**PAGE 6 OF THE APPLICATION****INCOME INFORMATION**

Check (✓) YES or NO for yourself or anyone who lives with you. For each "Yes" answer, PRINT the dollar (\$) amount or value and the name of the person who gets the income.

- 13** **NOTE: Foster Care Payments and Food Stamp Benefits** - If you get foster care payments for the care of a foster child or adult, you have two choices. You can choose to include the foster care child or adult and the foster care payments in your Food Stamp benefits household, or you can choose **not** to include the foster care child or adult and the payments. Ask your worker which way would give you more Food Stamp Benefits.

**STEP-PARENT/ALIEN SPONSOR INFORMATION**

- 14** Check (✓) YES or NO for yourself, spouse and everyone who is applying for assistance. For each "YES" answer, PRINT the name of the person that the answer refers to.

**PAGE 7 OF THE APPLICATION****EMPLOYMENT INFORMATION**

Complete this page for yourself and for everyone who is applying for assistance.

- 15** **NOTE:** If you are employed, you may still be eligible for Temporary Assistance, Medical Assistance, Services and/or Food Stamp benefits and help with paying your child care costs.

**PAGE 8 OF THE APPLICATION****EDUCATION/TRAINING INFORMATION****16**

Complete this page for yourself and for everyone who is applying for assistance. Be sure to answer the question about where your children go to school.

**NOTE:** If you are applying **only** for Medical Assistance, you do not need to fill out this page.

**PAGE 9 OF THE APPLICATION****RESOURCES INFORMATION**

Check (✓) YES or NO for each question for yourself and everyone who is applying for assistance. For each "Yes" answer, PRINT the dollar (\$) amount or value and the name of the person who has the resource. **Be sure to list any joint holdings.** Temporary Assistance and Medical Assistance applicants must also answer these questions about **legally responsible relatives**.

**NOTE:** You **do not** have to fill out this section:

- If you are applying **only** for Medical Assistance for children under **19** or a pregnant woman.
- If you are applying **only** for Services, you **do not** have to fill out this section, **unless** you are applying for foster care. **Foster care applicants must fill out this section.**
- If you are applying for child care, you **must** fill out this section.
- If you are applying **only** for Food Stamp benefits, you **do not** have to answer the question on life insurance.

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**Has Resources Other Than Those Listed Above:** Include items such as vacation homes, campers, snowmobiles, boats, etc.

**NOTE:** It is very important to let your worker know right away if you get or are expecting to get a lump sum. A lump sum is a one time payment such as an insurance settlement, inheritance, award from a lawsuit or lottery winning. See the LDSS-4148A: "What You Should Know About Your Rights and Responsibilities" for more information about lump sums.

**PAGE 10 OF THE APPLICATION****MEDICAL INFORMATION****18**

Check (✓) YES or NO for yourself and everyone who is applying for assistance. For each "YES" answer, PRINT the requested information. Be sure to list all health and hospital/accident insurance that you have or that is available to anyone applying. Medical Assistance may be able to pay for medical bills for care you were given during the three months before the month you apply for help. If you have already paid the bill we may be able to pay you for the bill if we determine that you would have been eligible for Medical Assistance at the time. We can pay you even if the doctor or other provider does not accept Medical Assistance, but we can only pay you the amount Medical Assistance pays and only if the bill was for services that Medical Assistance covers.

**After the day you apply for Medical Assistance, you must make sure the doctor or other provider accepts Medical Assistance before you get medical care.**

**PAGE 11 OF THE APPLICATION**

**SHELTER INFORMATION**

**19**

PRINT the amount you pay for rent, mortgage, room and board or other housing. If you have a mortgage payment, include property taxes, homeowner's insurance (including fire insurance), and assessments in the Shelter Expenses Amount. If you pay for your heat separately from your rent/mortgage, PRINT the dollar (\$) amount paid for heat each month. If you pay for other utilities separately from your rent/mortgage, PRINT the dollar (\$) amount paid for each utility each month. Be sure to answer the other four shelter questions at the end of this section.

**NOTE:** If you are unsure about how to answer any questions about your type of housing or the amount of your shelter expenses, ask your worker.

**PAGE 12 OF THE APPLICATION**

**OTHER EXPENSES INFORMATION**

**20**

Check (✓) YES or NO for yourself and everyone who is applying for assistance. For each "YES" answer, PRINT a dollar (\$) amount.

**OTHER INFORMATION REQUIRED**

Check (✓) YES or NO for yourself and everyone who is applying for assistance.

**NOTE:** "U.S. Military" means the:

- |                |                  |  |
|----------------|------------------|--|
| ▪ U.S. Army    | ▪ U.S. Navy      | ▪ U.S. Coast Guard                         |
| ▪ U.S. Marines | ▪ U.S. Air Force | ▪ U.S. Merchant Marine during World War II |

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**NOTE:** If you are applying **only** for Food Stamp benefits, you **do not** have to answer the following questions:

- Moved into this county from another New York State county within the past two months



**ASSISTANCE:** If you or anyone who lives with you now receives or has ever received Temporary Assistance, Medical Assistance, Food Stamp benefits, Child Care Assistance or Services, check (✓) the YES box(es). PRINT this person's name, type of assistance, where it was received, and the last date that assistance was received.

**PROPERTY TRANSFER STATUS:** Check (✓) the I have box or I have not box.

**NOTE:** New York State Law provides for fine or jail, or both, for a person found guilty of obtaining Temporary Assistance, Medical Assistance, or Food Stamp benefits by hiding the facts or not telling the truth. If you or your spouse transfer or give away any assets within the 36 months (60 months for transfers to a trust) prior to the first of the month in which you are in receipt of nursing facility services and have submitted an application for Medical Assistance, you may not be eligible to receive nursing facility services or home and community-based wavered services under the Medical Assistance Program.

**PAGE 13 OF THE APPLICATION**

**DO NOT WRITE ON THIS PAGE**

**PAGE 14 OF THE APPLICATION**

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**PRIVACY ACT STATEMENT/REIMBURSEMENT OF MEDICAL EXPENSES/SUPPORT:** Read this section carefully or have someone read it to you.

**NOTE:** New York State Law provides for fine or jail, or both, for a person found guilty of obtaining Temporary Assistance, Medical Assistance, or Food Stamp benefits by hiding the facts or not telling the truth.

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**FOOD STAMP AUTHORIZED REPRESENTATIVE:** If you are applying for Food Stamp benefits and you want someone from outside your household to get the Food Stamp benefits for you or to buy the food for you, PRINT their name, address and telephone number.

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**NON-DISCRIMINATION NOTICE/PENALTIES:** Read this section carefully or have someone read it to you.

**NOTE:** New York State Law provides for fine or jail, or both, for a person found guilty of obtaining Temporary Assistance, Medical Assistance, Food Stamp Benefits, Services or Child Care Assistance by hiding the facts or not telling the truth.

**PAGE 15 AND 16 OF THE APPLICATION**

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**LEGAL STATEMENTS:** Read this section carefully or have someone read it to you.

**NOTE:** New York State Law provides for fine or jail, or both, for a person found guilty of obtaining Temporary Assistance, Medical Assistance, Food Stamp benefits, Services or Child Care Assistance by hiding the facts or not telling the truth.

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**AUTHORIZATION FOR REIMBURSEMENT FROM SSI:** Read this section carefully or have someone read it to you. If this is an application for Temporary Assistance and both husband and wife who live together are applying for Temporary Assistance, both must sign the Signature section at the bottom of the page.

**NOTE:** The Social Security Administration may treat the date you submit this signed authorization to the local department of social services as the date you first become eligible for SSI if you submit an application for initial SSI benefits within the next 60 days.

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**CERTIFICATION:** Read this section carefully or have someone read it to you.

**NOTE:** New York State Law provides for fine or jail, or both, for a person found guilty of obtaining Temporary Assistance, Medical Assistance, Food Stamp Benefits, Child Care Assistance or Services by hiding the facts or not telling the truth.

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**SIGNATURES:** Sign your name. Date the application. When **both** husband and wife who live together are applying for Temporary Assistance, Medical Assistance, Child Care Assistance or Services, **both** must sign. If you are applying **just** for Food Stamp Benefits, only one signature is needed. If you have filled out the application for someone else, sign **your name** here and PRINT the date you signed. **All** persons 18 years of age or older must sign.

**NOTE:** The last page of this Application is an application to register to vote. If you would like help filling out the voter registration application form, ask your eligibility examiner. Applying to register or declining to register to vote will not affect the amount of assistance that you will be given by this agency.

**NOTICE:** Applicants for Temporary Assistance, Medical Assistance, Child Care Assistance, Services and Food Stamp Benefits, who are not satisfied with the action taken on their application, have a right to request a fair hearing by contacting the Office of Administrative Hearings, New York State Office of Temporary & Disability Assistance, 40 North Pearl Street, Albany, New York 12243.

Information from your application and interview will be entered and stored in the Welfare Management System (WMS), a statewide computer system. This system is used to improve the management of Social Services programs and to deter fraud.